MOTION PICTURE INDUSTRY
PENSION & HEALTH PLANS®

Summary of Benefits and Coverage

What this Plan Covers & What it Costs

Health Net
Coverage for: Participant + Dependents
Plan Type: HMO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at **www.healthnet.com** or by calling **1-800-522-0088.**

Important Questions	Answers	Why this Matters:
What is the overall deductible?	$0	See the chart starting on page 2 for your costs for services under this plan.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services under this plan.
Is there an out–of–pocket limit on my expenses?	$1,500 - Participant $3,000 – Participant plus one dependent $4,500 family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premiums, drug costs and health care not covered by this plan.	Even though you pay these expenses, they don't count toward your **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of **preferred providers**, see www.healthnet.com or call 1-800-522-0088.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	Yes. Requires prior written authorization.	This plan will pay some or all of the costs to see a **specialist** for covered services but only if you have the plan's permission before you see the **specialist**.
Are there services this plan doesn't cover?	Yes.	Some of the services not covered by this plan are listed on page 4. See your policy or plan document for additional information about **excluded services**.

Questions: Call the number on your Health Net ID card (current members) or **1-800-522-0088** or visit us at **www.healthnet.com.**
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- **Co-pays** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 10% would be $100. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **participating providers** by charging you lower **deductibles**, **co-pays** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Primary care visit to treat an injury or illness	$15 co-pay per visit	Not covered	None
	Specialist visit	$15 co-pay per visit	Not covered	Requires prior authorization.
	Other practitioner office visit	Not covered	Not covered	If your medical group authorizes medically necessary acupuncture or chiropractic care, it is covered as a specialist visit (see above).
	Preventive care/screening/immunization	$15 co-pay per visit	Not covered	None
If you have a test	Diagnostic test (x-ray, blood work)	$0	Not covered	Requires referral.
	Imaging (CT/PET scans, MRIs)	$0	Not covered	Requires prior authorization.

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If you need drugs to treat your illness or condition Prescription drug coverage provided through Express Scripts/Medco	Generic drugs	Retail: $10 Mail Order: $25		The first two times that you purchase a long-term drug at a participating retail pharmacy, you'll pay your retail co-pay for up to a 30 day supply. After the second purchase at retail, you'll pay the entire cost if you continue to purchase it at retail. If you purchase a brand-name medication when a generic medication is available, you will **pay the appropriate co-payment, plus the difference in cost** between the brand and the generic.
	Brand-name drugs	Retail: $40 Mail Order: $100		
	Specialty drugs	Retail: $40 Mail Order: $100		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$0	Not covered	Requires prior authorization.
	Physician/surgeon fees	$0	Not covered	None
If you need immediate medical attention	Emergency room services	$35 co-pay per visit	Not covered	Co-pay waived if admitted as inpatient.
	Emergency medical transportation	$0	Not covered	None
	Urgent care	$35 co-pay per visit	Not covered	Co-pay waived if admitted as inpatient.
If you have a hospital stay	Facility fee (e.g., hospital room)	$0	Not covered	None
	Physician/surgeon fee	$0	Not covered	None

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If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$15 co-pay per visit	Not covered	Prior authorization required except for office visits.
	Mental/Behavioral health inpatient services	$0	Not covered	Requires prior authorization.
	Substance use disorder outpatient services	Not covered	Not covered	None
	Substance use disorder inpatient services	Not covered	Not covered	None
If you are pregnant	Prenatal and postnatal care	$15 co-pay per visit	Not covered	None
	Delivery and all inpatient services	$0	Not covered	Requires prior authorization.
If you need help recovering or have other special health needs	Home health care	$10 co-pay per visit	Not covered	Co-pay starts 31st calendar day after first visit. Requires prior authorization.
	Rehabilitation services	$0	Not covered	Requires prior authorization.
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	$0	Not covered	Limited to 100 days per calendar year. Requires prior authorization.
	Durable medical equipment	$0	Not covered	Requires prior authorization.
	Hospice service	$0	Not covered	Requires prior authorization.
If you need eye care	Eye exam (VSP Vision Services – 1-800-877-7195)	$20 co-pay Exam once per year	$20 co-pay plus up to $40 once per year	Exam covered only once per year. Eye exams required by an employer and medical or surgical treatment of eyes is covered under the MPI Health Plan
	Glasses	$20 co-pay Frames covered up to $145 Lenses - $0	Frames covered up to $55 Single vision lenses – up to $40	Lenses covered only once per year and frames once every two years. Corrective eyewear required by an employer and replacement lenses or frames not covered

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Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Check-up (Delta Dental PPO – nationwide 1-800-335-8227)	20% of UCR rates; $25 annual deductible per person; $50 maximum per family	20% of UCR rates; $25 annual deductible per person; $50 maximum per family	Maximum of $2,000 per person per calendar year
If you need dental care	Check-up (DeltaCare USA – CA only 1-800-422-4234)	0%/No deductible	No benefit	

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover **(This isn't a complete list. Check your policy or plan document for other excluded services.)**

- Cosmetic surgery
- Dental care (child & adult)
- Glasses
- Habilitation services
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Infertility services
- Routine eye care (Adult)

Your Rights to Continue Coverage:

The Consolidated Omnibus Budget Reconciliation Act (COBRA) offers the opportunity to purchase continued health care coverage in certain circumstances where your coverage would otherwise terminate. Under COBRA, if you lose coverage from the Motion Picture Industry (MPI) Active

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The Consolidated Omnibus Budget Reconciliation Act (COBRA) offers the opportunity to purchase continued health care coverage in certain circumstances where your coverage would otherwise terminate. Under COBRA, if you lose coverage from the Motion Picture Industry (MPI) Active Health Plan due to termination of employment (for a reason other than gross misconduct) or a reduction of hours, you may purchase continued coverage under the group plan for you, your enrolled spouse and dependent children for up to 18 months. If you reside in California and are receiving MPI health benefits through COBRA, you may be able to extend your COBRA benefits up to an additional 18 months through a special state COBRA program coordinated through the HMOs. In order to qualify, you must be enrolled in an HMO at the time your federal COBRA coverage is terminated. You cannot retroactively enroll in an HMO to extend your COBRA.

You will have 60 days from the later of your Termination of Coverage date or the date of your notice to elect continuation coverage through COBRA by submitting your COBRA Extended Health Coverage Election Form and Notice. Once you elect to purchase continuation coverage, you will have an additional 45 days to make your first payment to MPI, and if you elect continuation coverage through COBRA, **you must pay the full cost of coverage plus 2% each month to MPI**. **Until MPI receives your payment, you will not have health insurance coverage after your Termination of Coverage date.**

COBRA requires that there be no break in your health insurance coverage. Therefore, your payment must be for coverage from your Termination of Coverage date to the date that MPI receives your payment. When MPI receives your payment, you will be covered retroactively to your Termination of Coverage date. If you have incurred any medical expenses in that time, MPI will reprocess those claims.

If you are eligible for Medicare, you must enroll in Medicare Part B in order to purchase continuation coverage through COBRA. Once enrolled, Medicare becomes your primary coverage and MPI becomes your secondary coverage. Please refer to MPI's Summary Plan Description for additional information regarding Coordination of Benefits.

For more information about your rights to continue coverage, contact MPI at **1-855-275-4674** or visit us at **www.mpiphp.org**. **You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov**.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Health Net's Customer Contact Center at 1-800-522-0088, submit a grievance form through www.healthnet.com, or file your complaint in writing to, Health Net Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-

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0348. If you have a grievance against Health Net, you can also contact the California Department of Managed Health Care, at 1-800-HMO-2219 or www.hmohelp.ca.gov. For information about group health care coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444 (EBSA (3272) or www.dol.gov/ebsa/healthreform

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-522-0088.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-522-0088.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-522-0088.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-522-0088.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays:** $7,380
- **Patient pays:** $160

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$0
Copays	$10
Coinsurance	$0
Limits or exclusions	$150
Total	**$160**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays**: $1,330
- **Patient pays**: $4,070

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$0
Copays	$90
Coinsurance	$0
Limits or exclusions	$3,980
Total	**$4,070**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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